

Name of Institution: HUMAN SEPVICE

Name of Primary Instructor: Pebecca A. Erickson

## South Dakota Board of Nursing

SEP 0 6 2012

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South Dakota Department of Health 4305 S. Louise Avenue Suite 201; Sioux Falls, SD 57106-3115 SD BOARD OF NURSING (605) 362-2760; Fax: 362-2768; www.state.sd.us/doh/nursing

Medication Administration Training Program for Unlicensed Assistive Personnel Application for Re-Approval of Training Program

Medication administration may be delegated only to those individuals who have successfully completed a training program pursuant to ARSD 20:48:04.01:14. An application along with required documentation must be submitted to the Board of Nursing for approval. Written notice of approval or denial of the application will be issued upon receipt of all required documents. Send completed application and supporting documentation to: South Dakota Board of Nursing; 4305 S. Louise Ave., Suite 201; Sioux Falls, South Dakota 57106-3115

|                                                                                                                                                                                                                                                                | 57201                                                        |                                            |                                                             |                    |                 |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------|--------------------|-----------------|-----------|
| hone Number: <u>605 - 882 - 900</u>                                                                                                                                                                                                                            | 6 ext. 3                                                     | 12 Fax Numbe                               | r: <u>605-88</u> J                                          | -130               | 3               |           |
| mail Address of Faculty: rebeccase                                                                                                                                                                                                                             |                                                              |                                            |                                                             | 19                 |                 |           |
| ,                                                                                                                                                                                                                                                              |                                                              | •                                          |                                                             | <del></del>        |                 |           |
| Request re-approval using the following records using the Enrolled Student Log form 2011 SD Community Mental Health Facil Gauwitz Textbook – Administering Media Mosby's Texbook for Medication Assistar Nebraska Health Care Association (2010 We Care Online | n.<br>ities (only appro<br>cations: Pharm<br>nts, Sorrentino | oved for agencies ce<br>acology for Health | rtified through the Depart<br><u>Careers</u> , Gauwitz (200 | ment of Soc        |                 |           |
| List faculty and licensure information: clinical RN experience, and 2) attach a new                                                                                                                                                                            | For <u>new</u> RN fa<br>Curriculum Ap                        | culty: 1) attach re<br>oplication Form ide | sume/work history with<br>entifying areas of teach          | h evidence<br>ing. | of minin        | num 2 yea |
|                                                                                                                                                                                                                                                                | RN LICENSE                                                   |                                            |                                                             |                    |                 |           |
| RN FACULTY/INSTRUCTOR NAME(S)                                                                                                                                                                                                                                  | State                                                        | Number                                     | Expiration Date                                             | Verificati         | on<br>ed by SDB | (ON)      |
| Vehecca Erickson RN SD R035519 Aug 21, 2014                                                                                                                                                                                                                    |                                                              |                                            |                                                             |                    | Phn             |           |
| Complete evaluation of the curriculum / pro                                                                                                                                                                                                                    | ogram: <i>(Explain</i>                                       | n 'Wo' responses on a                      | a separate sheet of paper.                                  | .)                 | Yes             | No        |
| Each person enrolled in your program had a high school diploma or the equivalent.                                                                                                                                                                              |                                                              |                                            |                                                             |                    | 163             | 140       |
| Your program was no less than 16 classroom hours and 4 hours clinical/laboratory instruction for a total of 20 hours.                                                                                                                                          |                                                              |                                            |                                                             |                    |                 | NEW       |
| Your program's faculty to student ratio did not exceed 1:8 in the clinical / lab setting                                                                                                                                                                       |                                                              |                                            |                                                             |                    | V               |           |
| 4. Your program's faculty to student ratio did not exceed 1:1 in skill performance evaluation /competency validation.                                                                                                                                          |                                                              |                                            |                                                             |                    | ~               |           |
| 5. Each student's performance was documented using the SD clinical skills checklist form.                                                                                                                                                                      |                                                              |                                            |                                                             |                    | 1               | 1=1       |
| 6. You maintain records using the Enrolled Student Log(s) form.                                                                                                                                                                                                |                                                              |                                            |                                                             |                    | L               | NEW       |
| Date Application Approved:                                                                                                                                                                                                                                     | 111/12                                                       | Date Notice S                              | 9-5-12 ent to Institution:                                  | 126/12             |                 |           |
|                                                                                                                                                                                                                                                                | South Par                                                    |                                            |                                                             |                    |                 | 5/1       |